

[illegible]

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

(Primary Examiner) (Date)

Total Claims Allowed:

O.G.
Print Claim(s)

O.G.
Print Fig.

☐ **Claims renumbered in the same order as presented by applicant**CPA☐ T.D.□ R.1.47

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	21	31		61		91		121		151		181		210		
2	2	22	32		62		92		122		152		182				
3	3	23	33		63		93		123		153		183				
4	4	24	34		64		94		124		154		184				
5	5	25	35		65		95		125		155		185				
6	6	26	36		66		96		126		156		186				
7	7	27	37		67		97		127		157		187				
8	8	28	38		68		98		128		158		188				
9	9	29	39		69		99		129		159		189				
10	10	30	40		70		100		130		160		190				
11	11	31	41		71		101		131		161		191				
12	12	32	42		72		102		132		162		192				
13	13		43		73		103		133		163		193				
14	14		44		74		104		134		164		194				
15	15		45		75		105		135		165		195				
16	16		46		76		106		136		166		196				
17	17		47		77		107		137		167		197				
18	18	43	48		78		108		138		168		198				
19	19	44	49		79		109		139		169		199				
20	20	45	50		80		110		140		170		200				
21	21	46	51		81		111		141		171		201				
22	22	47	52		82		112		142		172		202				
23	23	48	53		83		113		143		173		203				
24	24	49	54		84		114		144		174		204				
25	25	50	55		85		115		145		175		205				
26	26		56		86		116		146		176		206				
27	27		57		87		117		147		177		207				
28	28		58		88		118		148		178		208				
29	29		59		89		119		149		179		209				
30	30		60		90		120		150		180		210				